BEFORE THE U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION PHOENIX DISTRICT OFFICE

)
DOROTHY WHITAKER,)
Complainant,)
complained,) EEOC Case No.:
v.) Agency No.: HHS-IHS-0406-2014
DEPARTMENT OF HEALTH)
& HUMAN SERVICES (IHS)	,)
) Date: June 25, 2015
Agency.)

NOTICE OF ENTRY OF APPEARANCE

Pursuant to 29 C.F.R. § 1614.605(a), undersigned counsel for Dorothy Whitaker, the Complainant in the above-captioned case, hereby timely notices his appearances as Attorney for the Complainant. To that end, enclosed is a Power of Attorney, which includes a Privacy Act waiver executed by Complainant in favor of undersigned counsel's law firm, TULLY RINCKEY, PLLC. Also enclosed is a copy of Ms. Whitaker's previously filed Hearing Request in this matter for your reference. Please be advised that the undersigned is specifically assigned by the firm to represent Complainant in this case.

Respectfully submitted,

David A. Fallon, Esq. TULLY RINCKEY PLLC

441 New Karner Rd.

Albany, New York 12205

Tel: (518) 218-7100; fax: (518) 218-0496

Email: dfallon@fedattorney.com



441 New Karner Rd. Albany, NY 12205

16 West Main St. Suite 740 Rochester, NY 14614

507 Plum St. Suite 103 Syracuse, NY 13204

5488 Sheridan Dr. Suite 500 Buffalo, NY 14221 815 Connecticut Ave. NW Suite 720 Washington, DC 20006

> 1300 Wilson Blvd. Suite 320 Arlington, VA 22209

501 West Broadway, Suite 821 San Diego, CA 92101

POWER OF ATTORNEY

Dorothy Whitaker

2116 Fernglen Way

Catonsville, MD 21228

(410) 404-8834

hereby designate the law firm of TULLY RINCKEY, PLLC to serve as my attorneys in all matters relating to and/or arising out of my employment by the federal government of the United States of America. I authorize all branches, agencies, appointees, officials, and employees of the federal government of the United States of America, as well as of the governments of any State, County, or Municipality in the United States, to fully communicate with and release to my herein designated attorneys any and all information related to me and my employment by the federal government as deemed necessary, as a waiver of my rights under the Privacy Act, 5 U.S.C. § 552a. This Power of Attorney will remain in effect until withdrawn by me and/or my designated attorneys.

Date: 30 May 2015

Signature

Agency File No.: HHS-IHS-0406-2014

Page 3 – Dorothy Whitaker

COMPLAINANT ELECTION OF A FINAL DECISION ON A COMPLAINT OF DISCRIMINATION

[Please check one option box below.] OPTION A - REQUEST FOR A HEARING AND DECISION **Equal Employment Opportunity Commission Phoenix District Office** 3300 N. Central Avenue, Suite 690 Phoenix, AZ 85012-2504 Dear Sir/Madam: I am requesting the appointment of an Equal Employment Opportunity Commission Administrative Judge pursuant to Title 29 Code of Federal Regulations (C.F.R.) Section 1614.108(g). I hereby certify that either more than 180 calendar days have elapsed from the date I filed my complaint, or I have received a notice from the Agency that I have thirty (30) calendar days to elect a hearing or a final agency decision. PLEASE TYPE OR PRINT My name: INDIAN HEALTH SERVICE Agency: Name & 801 THOMPSON AND Address Agency File No.: HHS-IHS-0406-2014 In accordance with 29 C.F.R. § 1614.108(g), I hereby certify that I have sent a copy of this request for a hearing to the following person at the Agency:

Sarah Nelson, Director Diversity Management and EEO Indian Health Service 801 Thompson Ave., Ste. 120 (TMP-660) Rockville, MD 20852

Signature of Complainant or Representative

EXHIBIT B

Cypn 6, 2015